

EXHIBIT 24



2017 Annual Report

HOTLINE (696-KIDS)

Childcare

Short-Term Services

Sobriety Treatment And Recovery Teams (S.T.A.R.T.)

Deputy Director

Tamara Chapman-Wagner

STS Sr. Managers

Latasha Brown

Andrea Colson

Selina Dublin

Lyn Fox

Darrell Harris

Bill Moench

Lisa Peterka

Elsa Popchak

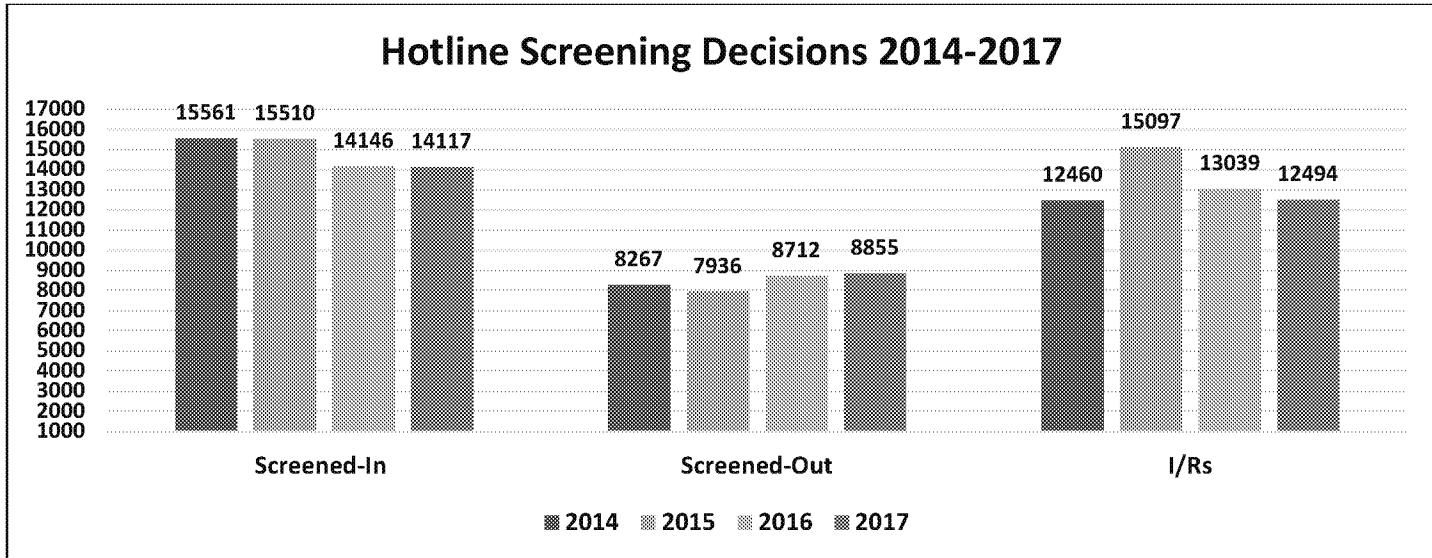
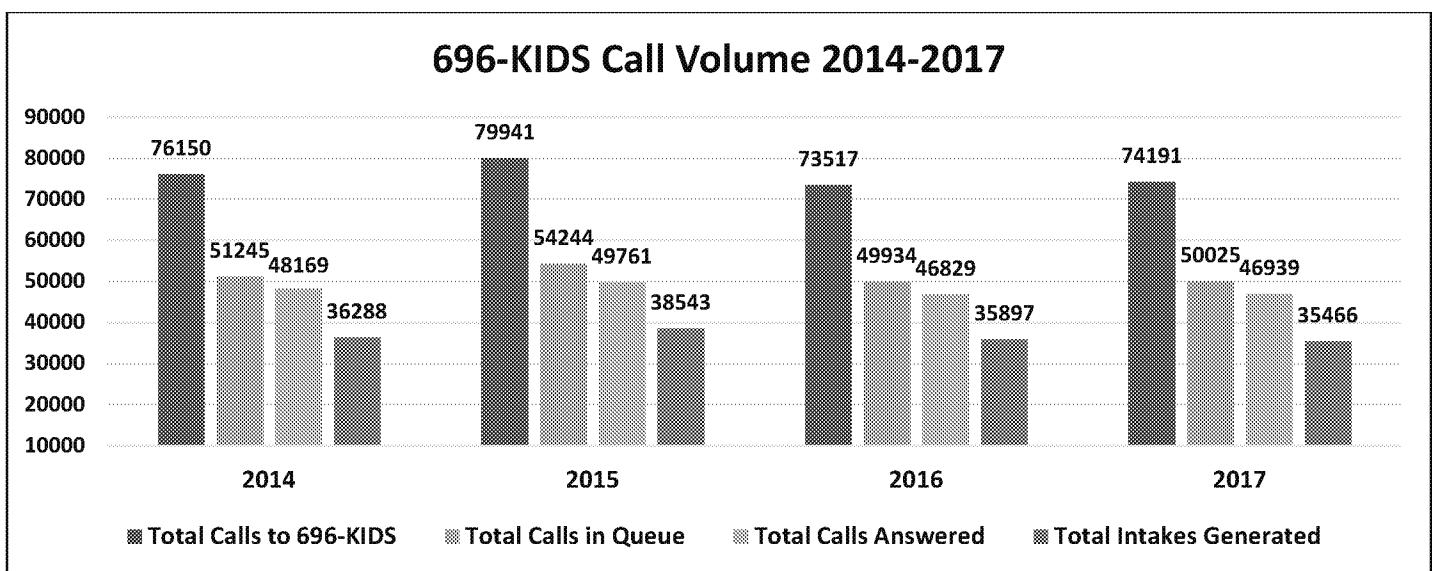
Hotline

The 696-KIDS Hotline is the department responsible for receiving and screening allegations of neglect, abuse or dependency of children, as well as home study requests from other PCSA organizations. Additionally, they respond to children and families in crisis and ensure safety of children after normal business hours. The Hotline structure consists of 1 Senior Supervisor, 1 secretary, 41 child protection specialists, 10 supervisors, and 4 clerical staff.

The Hotline is a starting point for many people when they are in need of assistance. Our phone system is designed to allow people to triage themselves out by selecting more appropriate options (i.e. Juvenile Court, Employment and Family Services, etc.). As a result many calls to 696-KIDS do not progress into the Hotline queue.

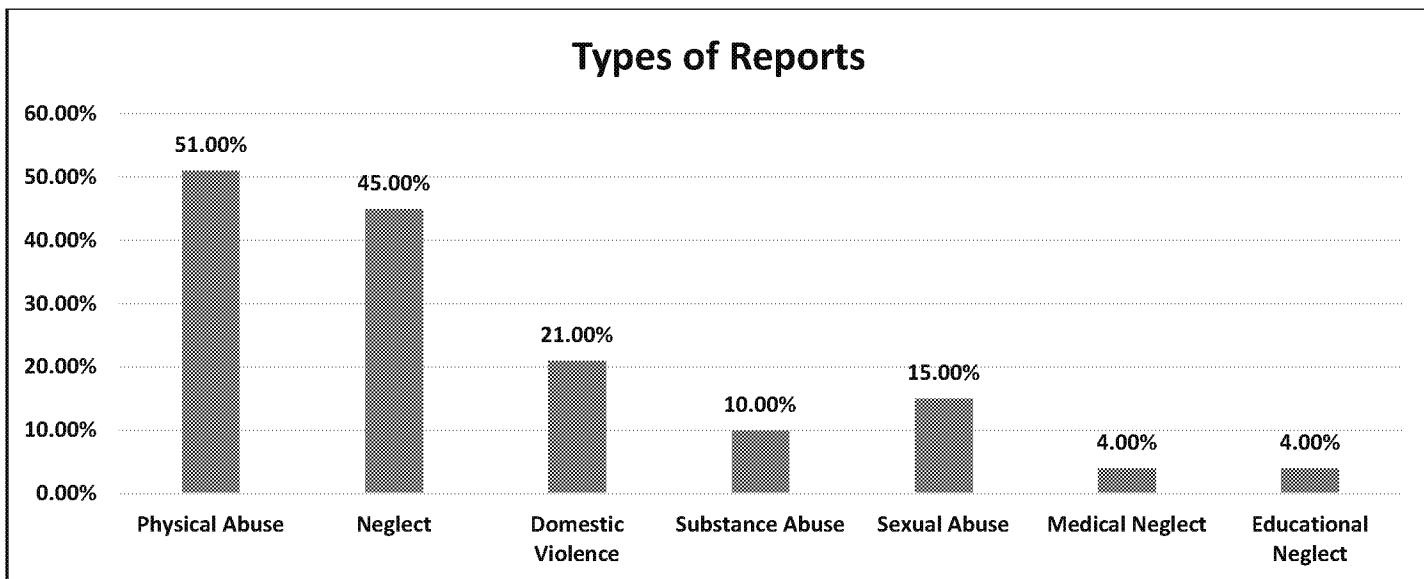
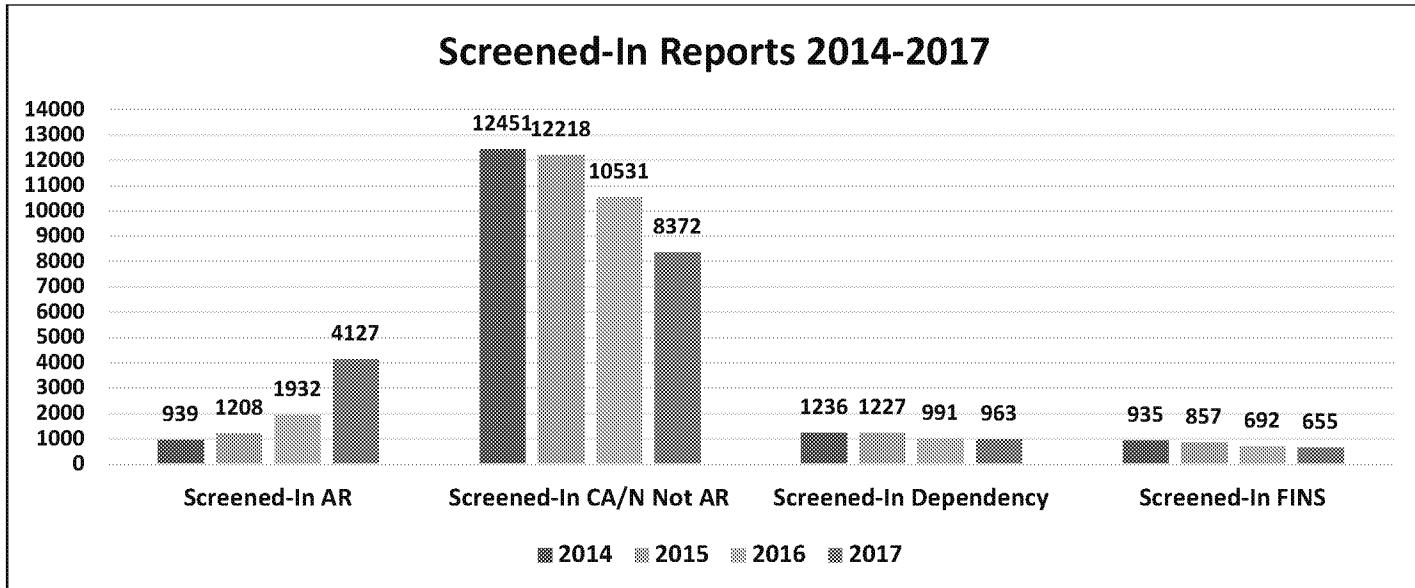
Intakes Received 2017

In 2017, a total of 74,191 calls were made to 696-KIDS. Of those calls only 50,025 progressed to the queue to speak with a Hotline worker (less than a 1% increase from 2016). Calls are randomly pulled by supervisors for quality assurance purposes. The supervisor reviews the call with the worker and provides them feedback on how they handled the call and documented the concerns.



In August of 2016, we removed the randomizer for assigning Alternate Response cases. Prior to this, only a limited number of cases would be assigned AR. Now any case fitting the criteria we have established for AR are assigned that pathway, thus increasing the screen-in for these cases by more than 100% from 2016-2017.

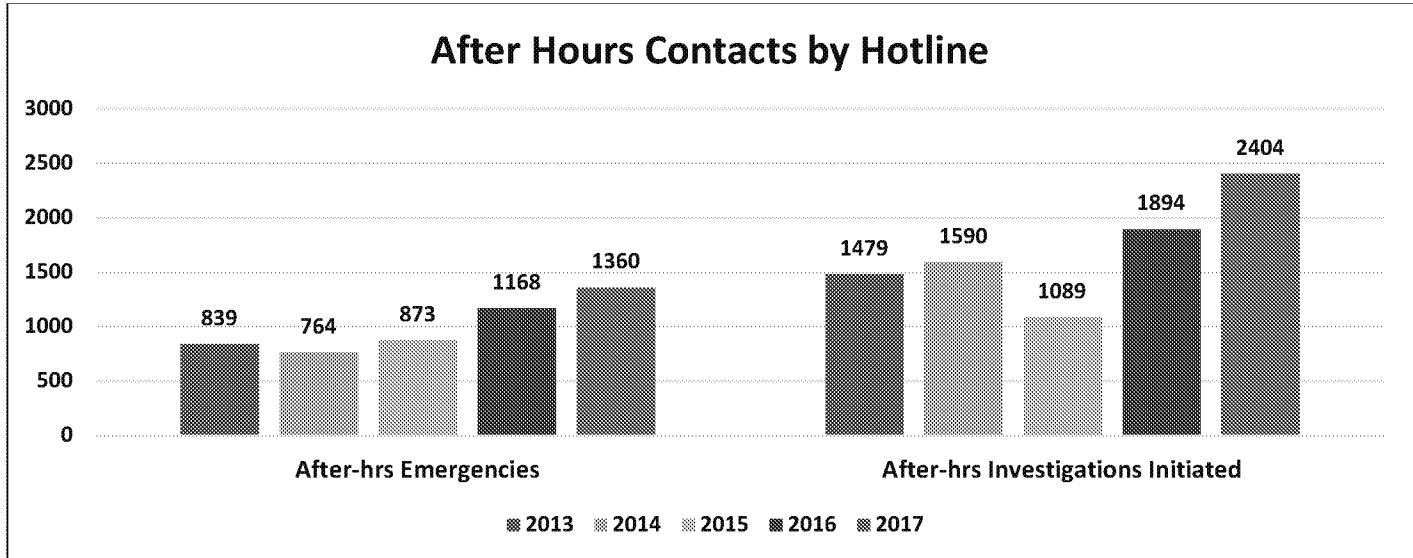
*Cases of physical abuse with a child victim age 10 and under will no longer be screened in AR, effective March 23, 2018.



When children are brought to the Agency by the police it is considered a JR6 and custody is transferred to DCFS of the child until the end of the next business day. At times these situations may be resolved without the need to continue custody. Any JR6 discontinued after-hours requires Deputy/Administrator approval.

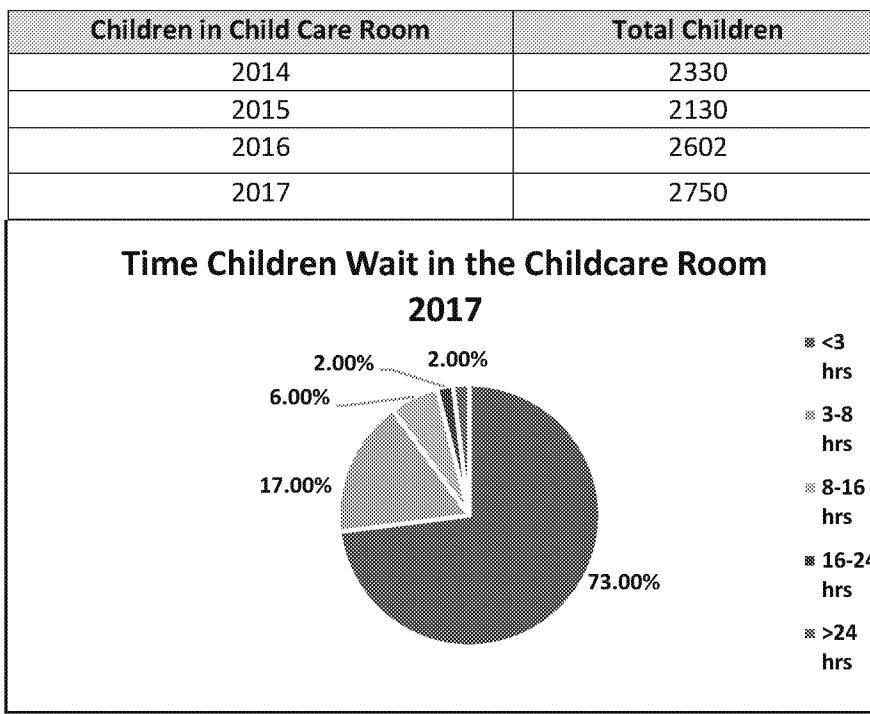
After-Hours JR6s	2014	2015	2016	2017
JRs	173	143	195	194
Continued JR6s	67 (39%)	95 (66%)	167 (86%)	175 (90%)

An increased emphasis was also placed on ensuring all of our children on active referrals are seen and their safety assessed. Staff must go out daily until the child has been seen and their safety assessed and twice daily on emergencies. This has caused an increase in face to face contact conducted by the Hotline staff as they also must make contacts after-hours.



Childcare

The Child Care workers provide oversight and care for children who are in the Agency awaiting placement or while their caregiver(s) is attending an Agency meeting. In 2017 we experienced a 5% increase in the number of children waiting in our Child Care room. 70% of our children wait 3 hours or less in the childcare room, compared to 62.4% in 2016. 4% of our children are waiting more than 16 hours compared to 10% the year before. The children that tend to wait the longest period of time are those that are in need of a higher level of care. We are partnering with the placement department to put better processes in place to reduce the amount of time our children have to wait for placement.

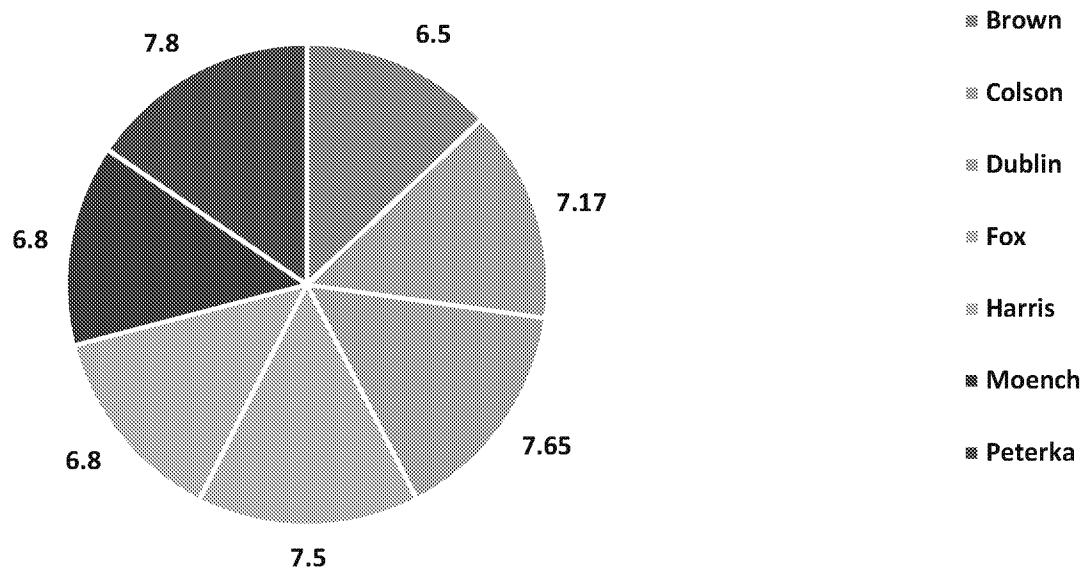


Short-Term Services

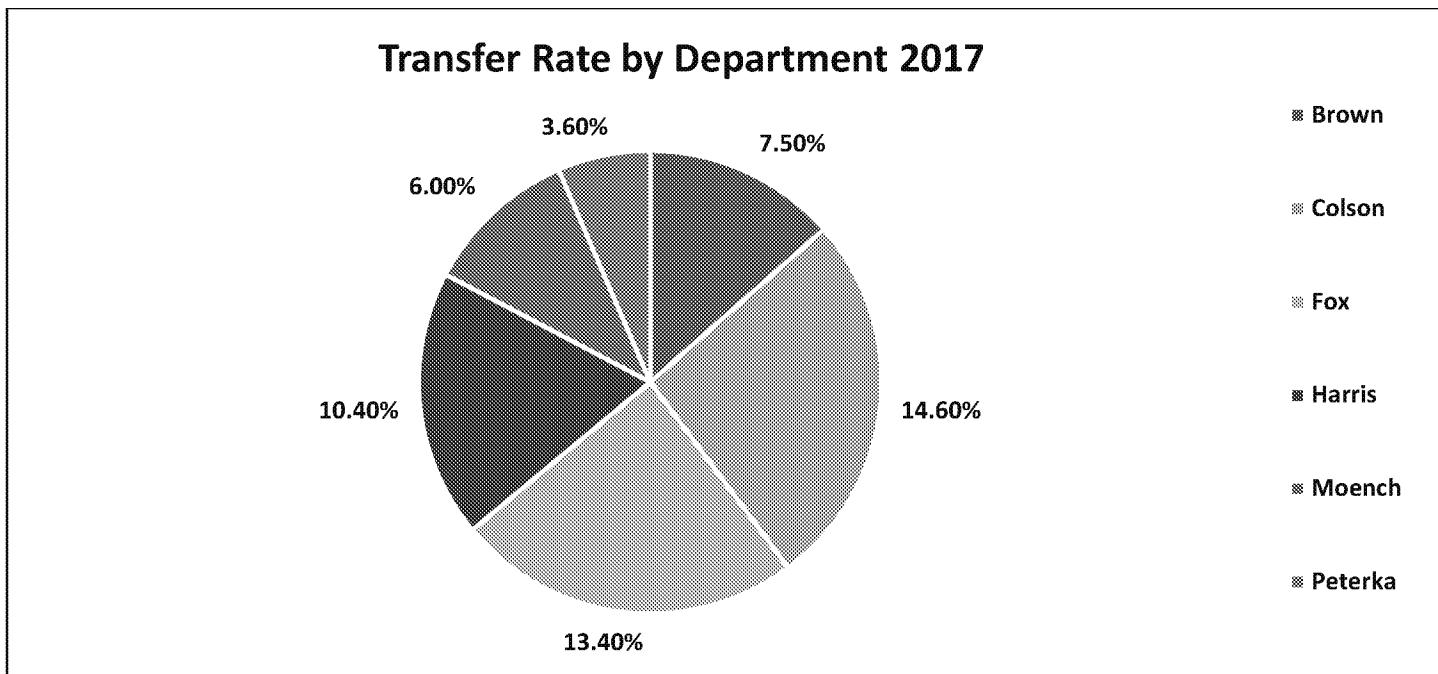
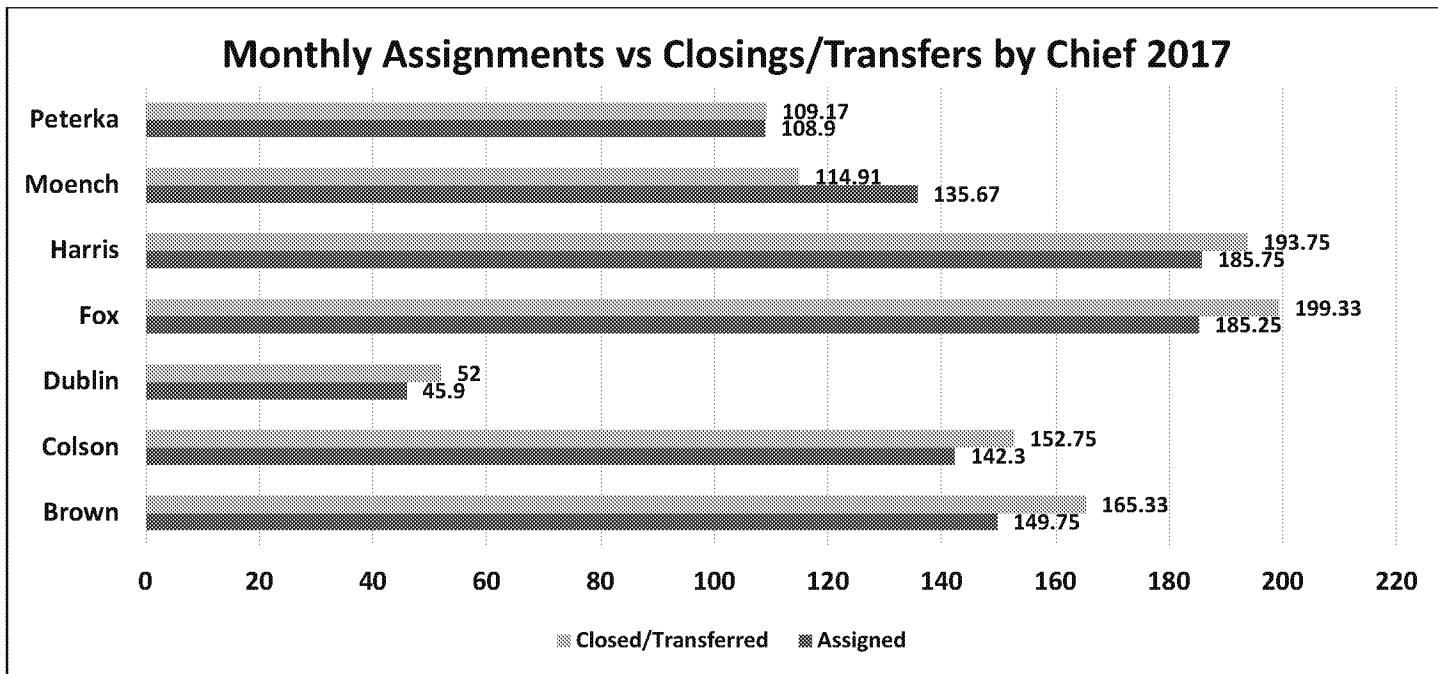
The last two years have been years of significant change for Short Term Services. In 2016 Direct Service departments were split into Intake and Ongoing. No longer were departments overseeing both intake and ongoing functions. In August 2016 we began shifting our practice model from Intake and Ongoing, to Short-Term (STS) and Extended-Term Services (ES). In Short-Term Services our focus is on investigation and assessments as well as providing short-term in-home services for families that are not court involved. In September 2016, STS began investigating both active and new referrals. Active investigations, investigations involving already open cases, for Ongoing/Extended Service cases were 202 a month for 2015 and approximately 149 additional referrals a month for 2016. In 2017 Active referrals averaged 77 per month. In December 2016 the final department joined STS, thus making 2017 our first full year in the new model.

Case assignment rotation was modified to reflect the fact all investigations now go to STS and emergencies are assigned per supervisory unit vs. per worker. To help ensure equity in assignment across all departments we kept a close eye on assignments per worker, per week and per unit and per department. Geographical assignments are broader. STS is broken out into South, East and West with an overflow Westside department and an overflow South-South/East which covers the entire County. We have much work to do to refine our geographical assignments across the agency, however we have found a balance that is equitable in STS assignments.

New Case Assignment Average 2017 - Per Worker/Per Month

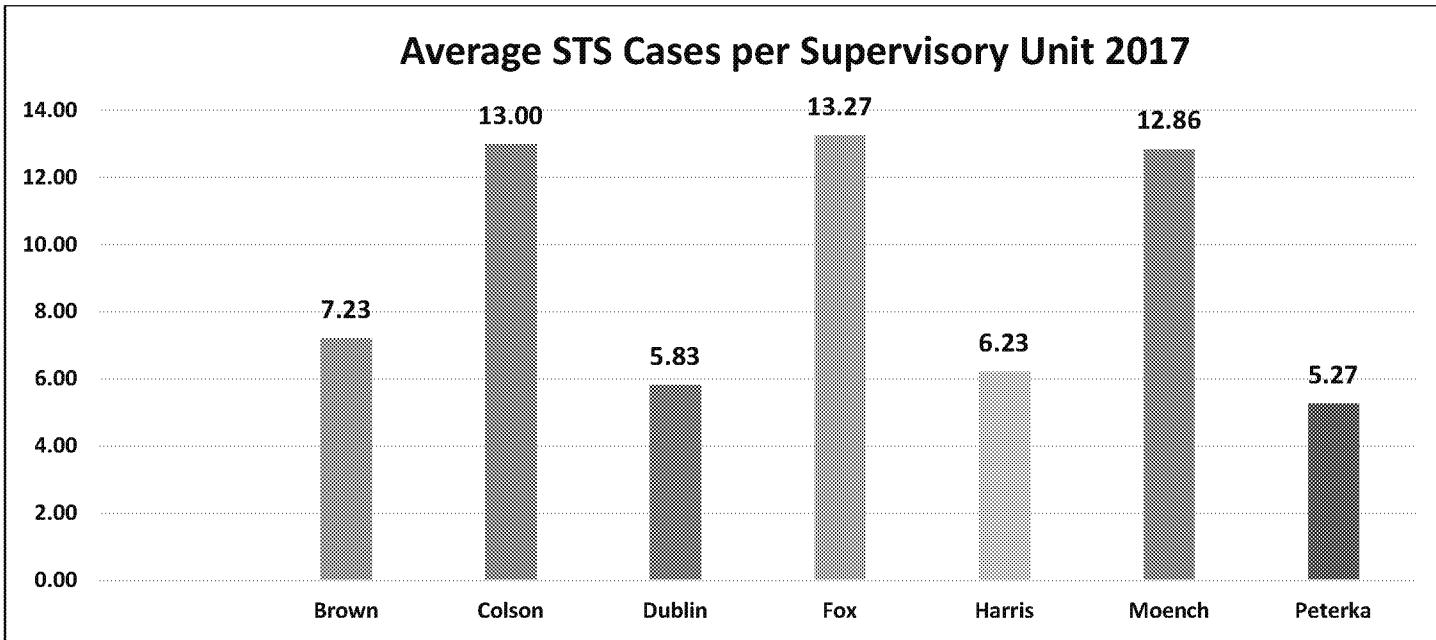


To further evaluate the caseload sizes in each department, assignments vs. closings/transfers were compared. Most departments closed/transferred more than they received, thus reducing their caseloads. However, one department received more than they processed, thus increasing their caseload averages from 8 in January of 2017 to 14 in December.

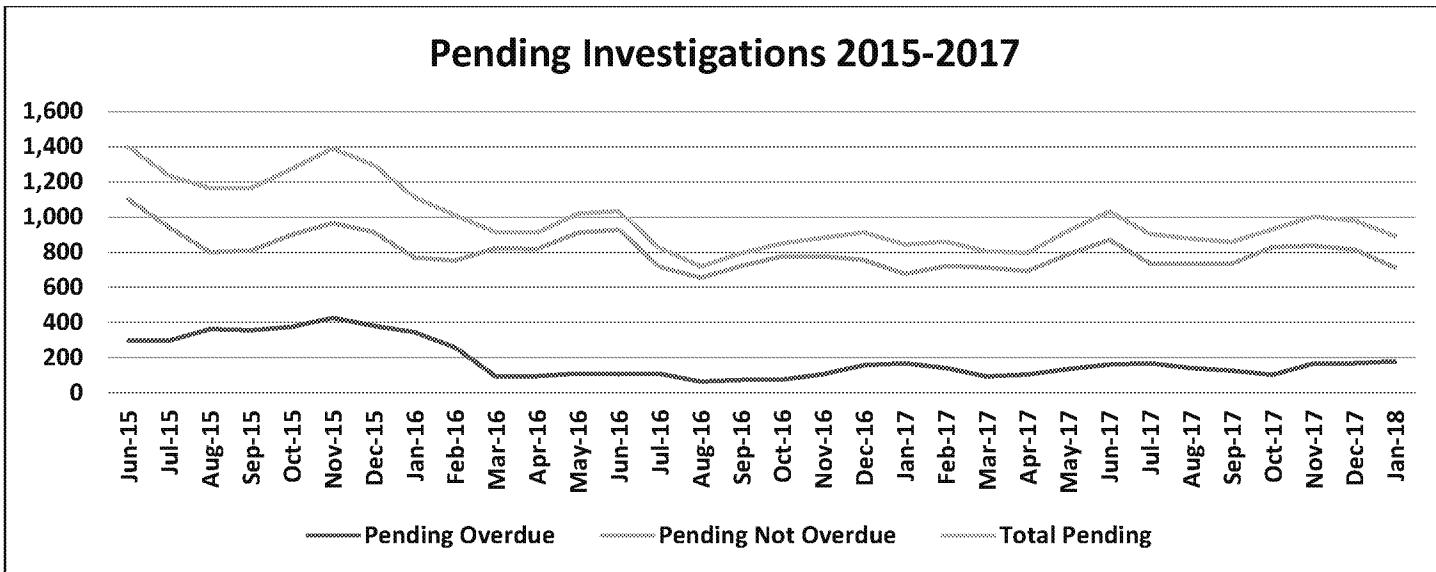


In 2017 staff were becoming accustomed to a new service model and learning how to balance both investigations and STS cases. There has been a great variance in the average number of STS ongoing cases the departments are carrying. Of interest is the fact that two of the three highest departments are the two departments that made the switch from Ongoing to STS. All of the other departments were primarily Intake departments prior to the model shift. The third department that carries a higher number of STS ongoing cases is a small department in which 50% of the supervisors are newer and one was an original AR supervisor.

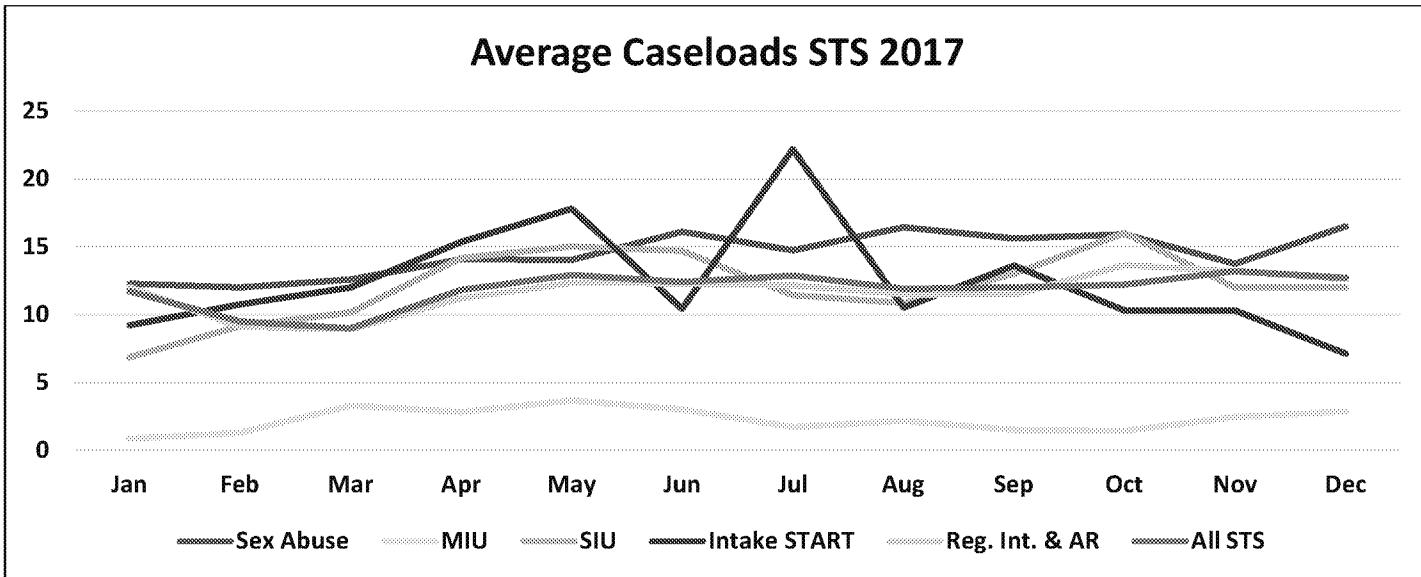
Front-End Services and engagement are key components to providing successful interventions for our families. Research shows that the families that receive any type of service intervention are less likely to be re-referred to DCFS. Staff are expected to work with a family a minimum of 30 days post service initiation to ensure the family is linked and benefitting from the service.



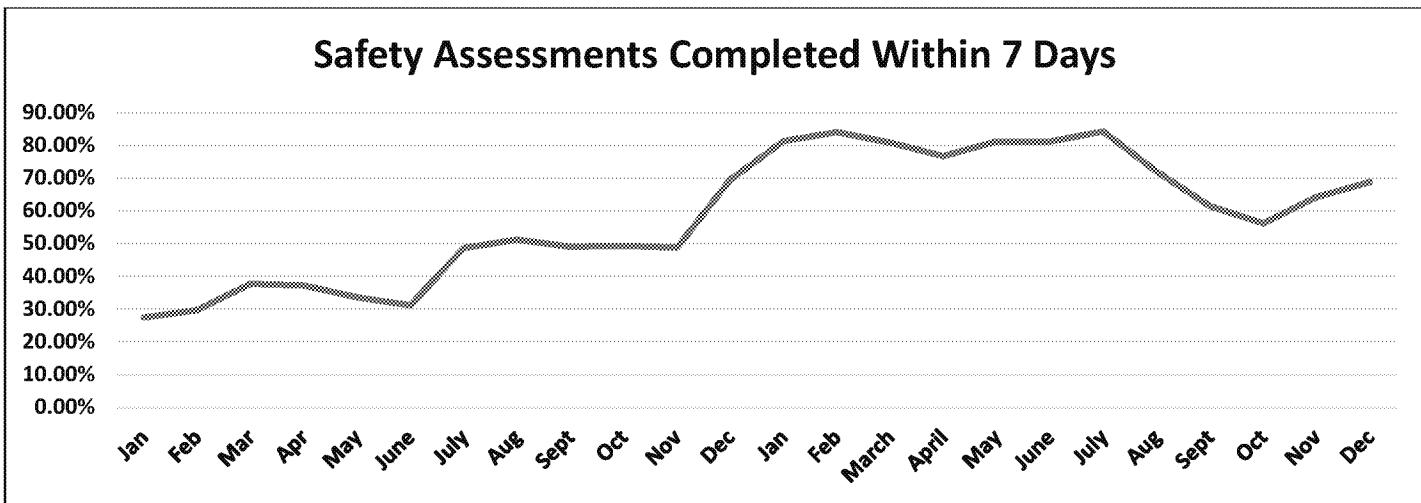
When Intake first came together (11/16) there were 670 delinquent investigations and 1,968 total investigations being managed by Intake/STS. Over the next ten months, prior to the full switch to STS, the delinquent investigations were reduced by 87% and total investigations were reduced by 46%.



Caseloads also saw a reduction from an average of 25.82 to 8.3 during that same time period. In January 2017 our caseload average across all of STS was 11.7 and by the end of the year the caseload average increased to 12.7. During the last quarter of 2017 STS began to see an increase again in overdue work and caseload sizes. October was a particularly high month for referrals, shortly thereafter we were down staff due to the holidays. In January 2017, 80% of our investigations were completed timely, increasing to 83% by December. Timely investigations continues to be a focus with an emphasis on quality and engagement.



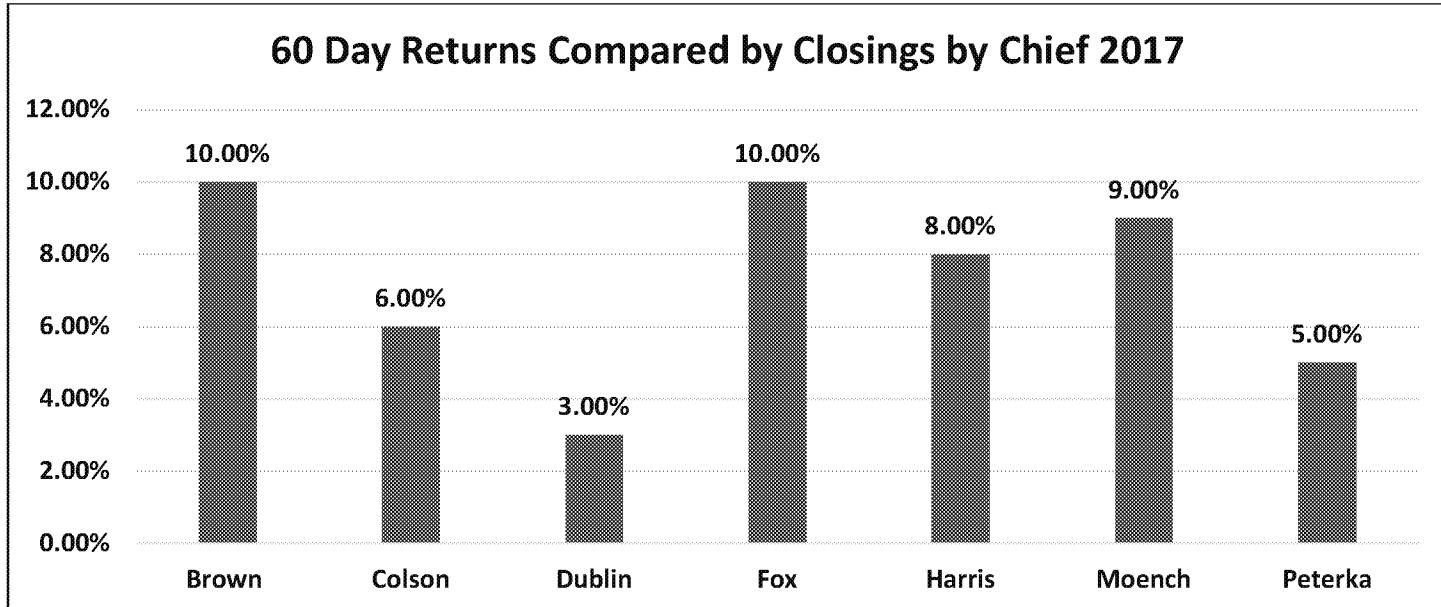
In order to complete thorough investigations/assessments for our families and ensure our children are safe, we must see our children and complete timely/quality safety assessments. The latter half of the year we struggled with timeliness. Safety Assessments will continue to remain a focus area, for January 2018, 73% are completed timely. It is trending in the right direction and we continue to work on maintaining a high level of timely and quality safety assessments. Safety assessments must drive our decision making, thus they need to be completed within the first 7 days of the investigation. Performance Evaluation and Innovation (PEI) completed a review of Safety Assessments in April 2017 and determined that the SA is driving the work, but lacks detail.



Child safety is paramount and the only way to determine if a child is safe is to see them and assess their safety, immediately. PEI completed a review if 50 days in 2017 of Face to Face Contact with the ACV within 1 hour. They determined 98% (49 of 50) of the children were seen in 1 hour. All of the work over the past year has led to more timely safety assessments, lower caseloads, less overdue work and investigations completed more timely. With these changes we should be producing overall better casework and ultimately better service to families.

Families that return to DCFS within a short period of time, 60 days for STS, need a closer look to ensure our interventions were appropriate. Caseloads, pending investigations, transfer and closing rates are all intertwined. If the case is closed too quickly, without services, it is more likely to return. If the case does

return it goes back to the same supervisory unit and often the same worker. Several of these cases are also pulled for peer review. In April 2017, PEI reviewed a sample of cases from every supervisor that had 10% or higher 60 day returns. They found that 70% of the supervisor did follow the investigative protocol and 90% of the cases had a write up that justified the closing. We will continue to watch these to ensure good, quality service interventions are being provided to our families.

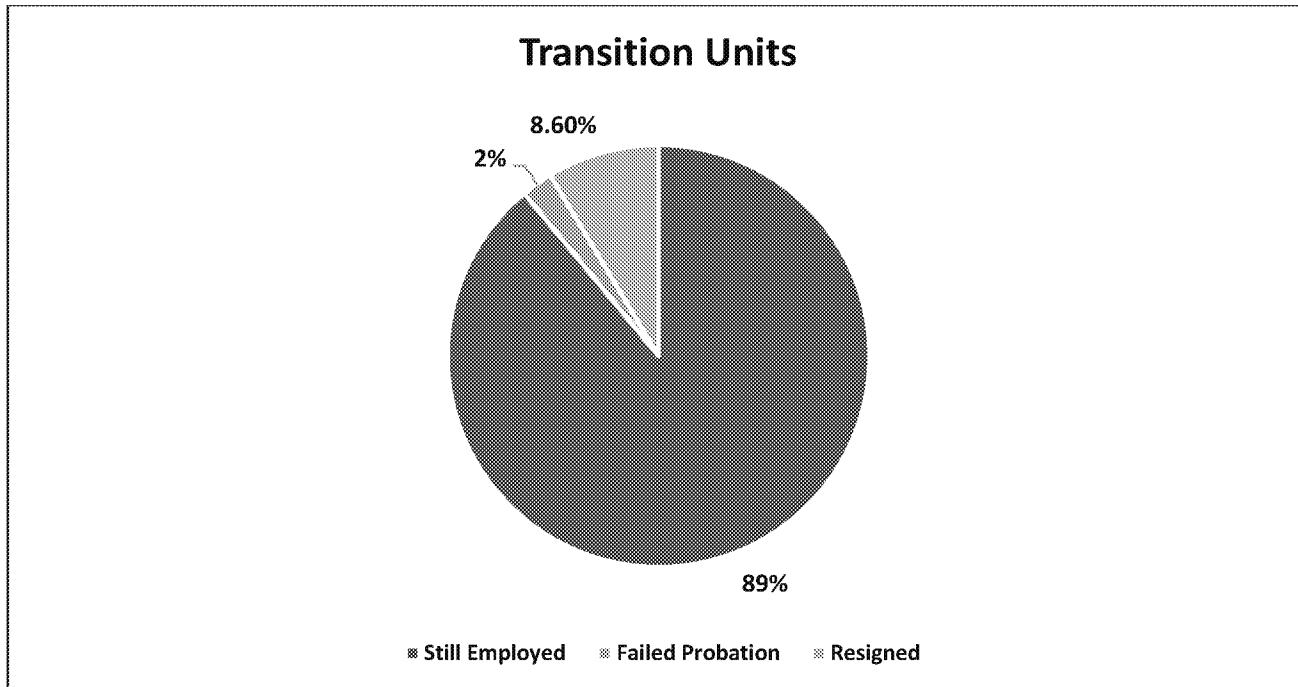


Transition Units

2017 was the first full year for the Transition Units (they began with one supervisory unit in the first quarter of 2016). There are now three units that provide training and support to our newest CPS.

Transition Units were formulated to support STS and ES staff members having graduated from Child Protection Orientation Training (CPOT). In order to offer the best opportunity to transfer learning from the classroom to the field, it was found that supporting the learning in small groups with a manageable caseload that is built up slowly, would be suitable for new staff in their application of the learning. The program also introduces other work products, processes, forms, application of policy and procedures, and other agency directives. They are assigned a caseload at a controlled pace allowing them to concentrate on learning steps and completing work thoroughly and timely, as well as learning how to manage the work by organizing it properly.

Staff retention is an important piece of the units. Understanding the naturally high turnover of employees within Child Welfare, it is important these efforts described are pursued to engage staff into the culture of the organization, are provided support, are educated appropriately, and gain understanding of administrative needs as outlined in the Managing to Excellence handbook.



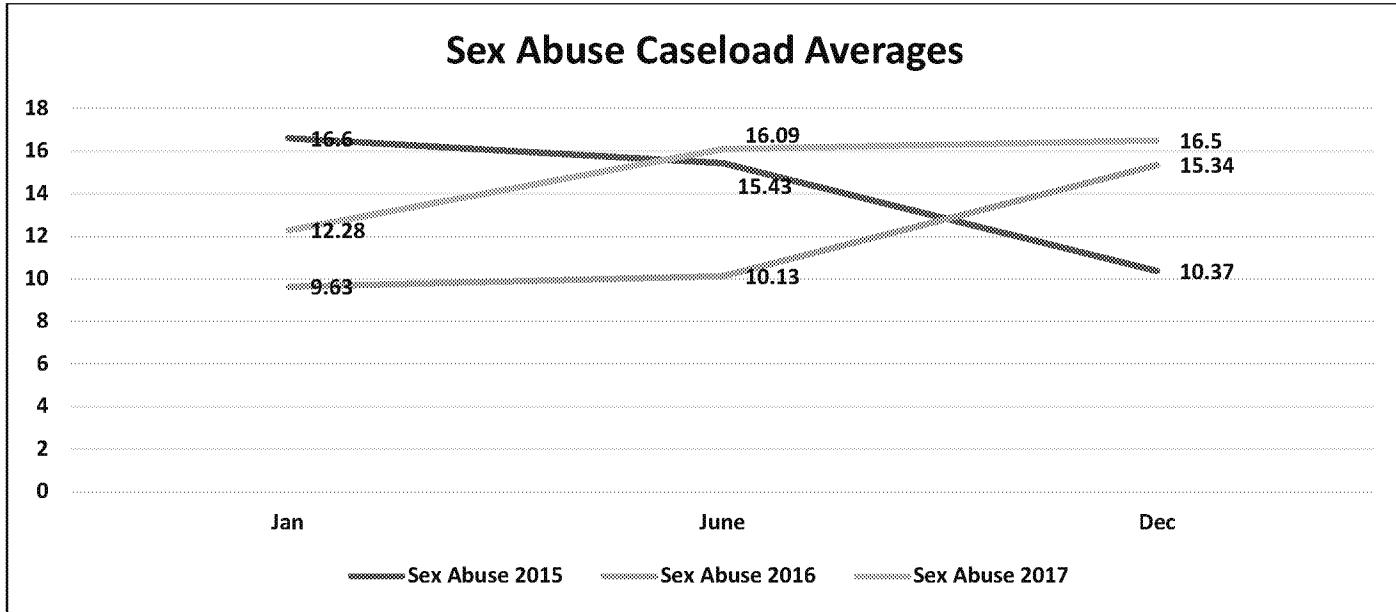
Sex Abuse

Our Sex Abuse department mainly handles cases in which sex abuse is the primary presenting issue. They also provide assists on active cases, investigating sexual abuse allegations on ongoing/ES cases. In 2017 this department has worked on the development of the Child Advocacy Center (CAC). Staff have attended additional training in enhancing their interviewing techniques and human trafficking.

Initially, the CAC will receive cases of sexual abuse of children age 12 and under in the City of Cleveland. The CAC Multi-Disciplinary Team (MDT) is comprised of representatives from the CPD, DVCAC, Cleveland Rape Crisis Center (CRCC), Frontline Services, the Prosecutor's Office, Medical and DCFS. The MDT will begin meeting to review cases upon completion of the MOU, expected 2nd quarter 2018.

Over the past year, assignments are up about one case per worker from the year before. Availability of workers has also been down throughout the year due to leaves and vacancies, thus caseloads have risen. Case acceptance criteria has tightened over the year, they no longer receive 60 day returns unless the primary presenting issue remains sex abuse.

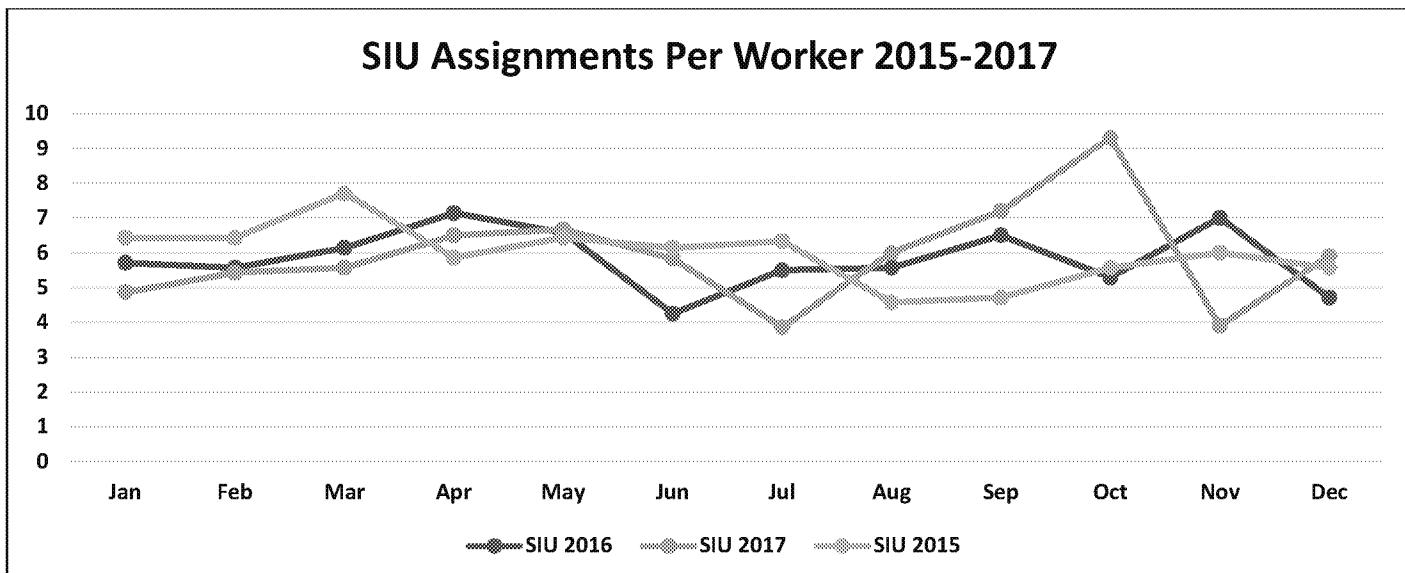
The department has also partnered with CRCC to ensure an advocate is assigned to work with our families. We now have two advocates housed part-time at the agency.

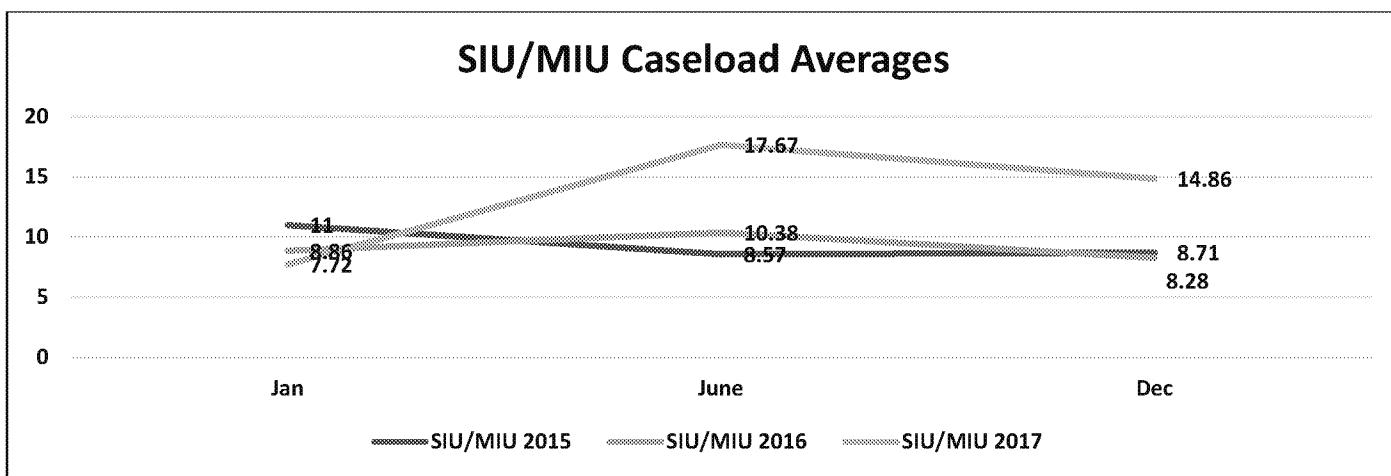
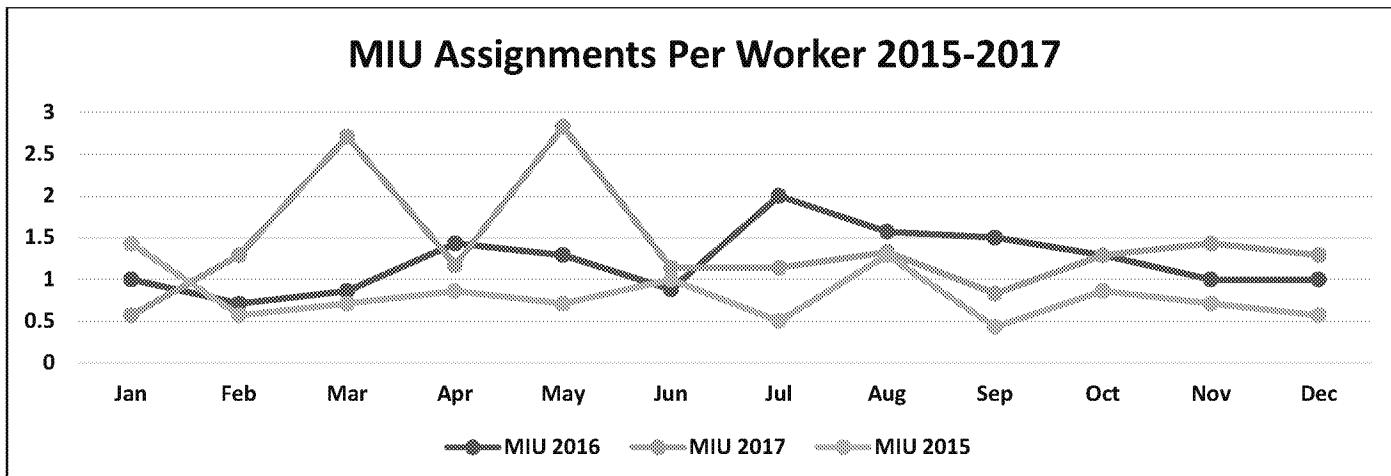


Special Investigations Unit (SIU) and Medical Investigations Unit (MIU)

SIU handles third party investigations and MIU works with children who have complex medical conditions and children with severe/life threatening injuries. The staff in these units also receive all screened-in fatalities in addition to providing consultation on active cases across the agency.

Over the past year case assignments have increased in both SIU and MIU. Affecting caseload sizes are also the fact they were down a worker on and off in 2017.



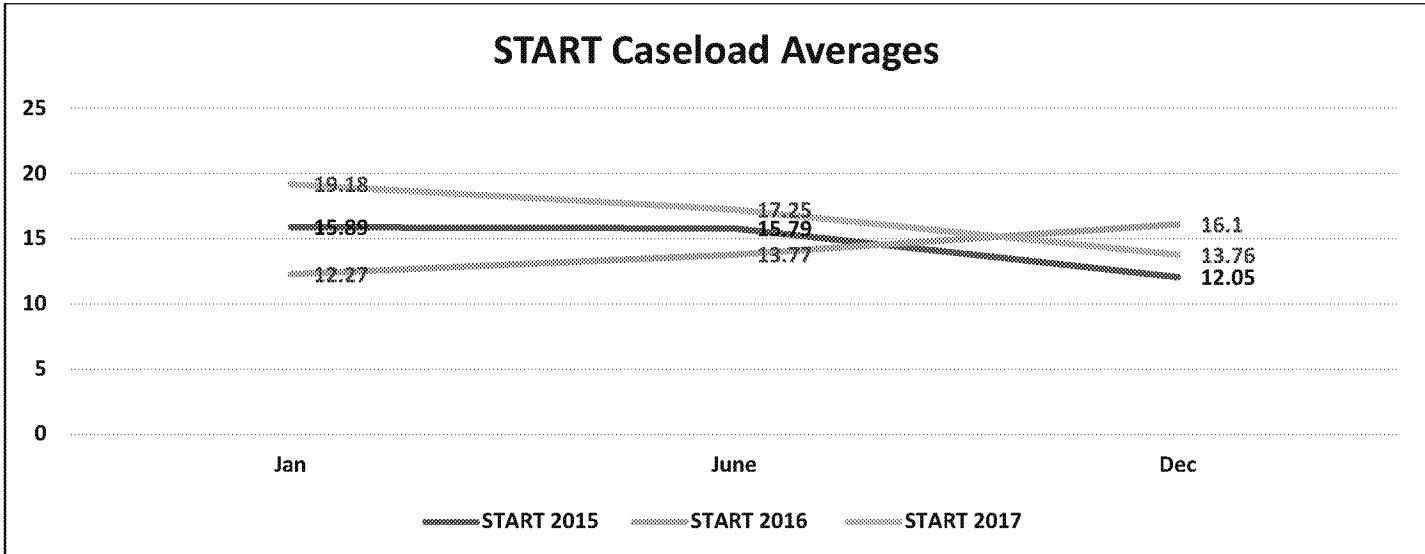


Sobriety Treatment and Recovery Teams (S.T.A.R.T.)

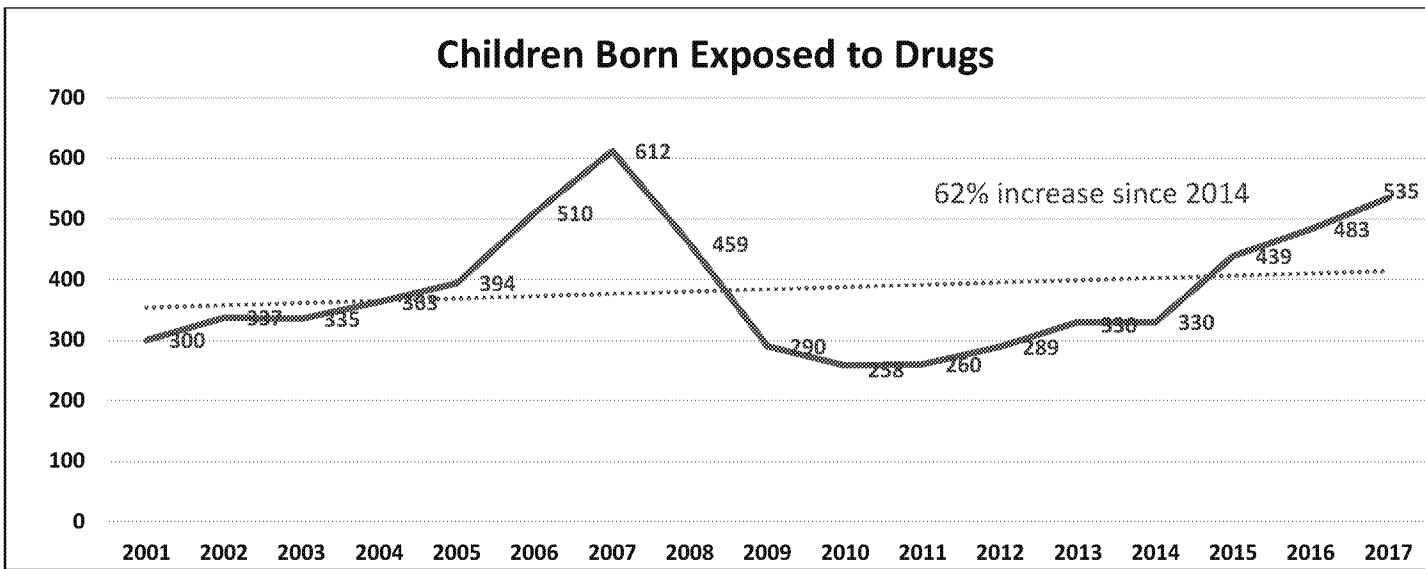
The START department provides services to children who have been born exposed to drugs/alcohol. Over the past several years, START struggled to maintain the fidelity of the model. Since the layoff of the majority of the Family Advocates in 2009, much of the intensity in case management has been lost. Connections with service providers were fading and tracking of our data was sparse.

In 2017, the relationship with our service providers was strengthened and the service provider meetings were reinstated. This connection is crucial for immediate access to AOD assessments and treatment. We are back on track with our providers and have daily access to on-site drug assessments and monthly provider meetings.

Caseloads in 2017 were very high, over 19 cases per worker in the beginning of the year. To meet the increased case assignments and rising caseloads another supervisory unit was added to the department. The additional staff helped to lower caseloads, along with a targeted effort to review all In-Home Supportive Services (IHSS) cases open greater than 9 months to ensure they were receiving the appropriate level of services. Assignments continued to rise throughout the year, therefore another STS unit was added to the rotation of new assignments. The two units rotated between being on and off cases in order to maximize resources and ensure timely response to referrals.



Over the past four years there has been a 62% increase in drug exposed infants referred to DCFS.



Opiates have hit our state and county very hard. START has experienced an increase in opiate-related cases as well. In the past opiates were about 2% of our referrals. They now make up over 14% of the referrals and almost 100% of our Family Drug Court population.

Family Drug Court saw such an increase in cases they added another day to docket. There are anywhere from 20-30 women in drug court at any given time. Drug court is held twice a week and presided over by Magistrate McMillian.

START has a long history of positive outcomes for children and families. Unfortunately, the data bases were not kept up to date and the evaluation of the program was not maintained. Our Performance Evaluation and Innovation team are now working on re-building the evaluation components. Data has been cleaned up and is being tracked more consistently. One of our goals for 2018 is to re-evaluate the program and continue to tighten the program model. We have also requested additional Family Advocates as they are a key component to the fidelity of the model. This request is pending.

2018 Goals

- Better Engagement with Families
 - Services will be put into place and connections will be made with families and providers before any case is closed. Progress in services will be well documented to ensure our families are benefitting from the service before the case is closed.
 - Fathers will matter. Every case will have documented efforts to include, engage and work with fathers to assure children have paternal supports in place.
- Collateral Contacts will include the right contacts, those with knowledge of the well-being of the child.
- Quality and Timely Investigations. Investigations will be well documented on both the Safety and Family Assessments and workers will document how they know the facts of the case to be true, "as evidenced by..."
- Staff will be supported, trained, coached, mentored and accountable for the work they do.